

EXHIBIT D

510(k) Summary

Suk mitted by:

Daniel J. Manelli

Manelli, Denison & Selter, P.L.L.C.

2000 Street, NW (Suite 700)

Washington, DC 20036
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On behalf of Tokuyama America, Inc.

510(k) Submission: Tokuyama SOFRELINING TOUGH

February 28, 2003

The product is a denture relining resin material for use in relining the tissue contact surface of dentures (21 CFR 872.3760)

The product is for luse only by dental practitioners; it is not intended for over-the-counter (OTC) use. It contains materials that are common in dental use and pose no nealth hazard when used according to directions. It is substantially equivalent to var our marketed denture relining products, including the following:

Tokuyama Softrelininer (K982537) Tokuyama Soft Relining (K953589) GC Reline (K990736) Cce Soft (K940566)

The Use of the product is contra-indicated for patients who are sensitive to silicone based products.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAY 2 9 2003

Tokuyama Dental Corporation C/O Mr. Daniel J. Manelli Manelli, Denison & Selter, P.L.L.C. 2000 M Street, NW, 7th Floor Washington, D.C. 20036-3307

Re: K030663

Trade/Device Name: Tokuyama SOFRELINER TOUGH

Regulation Number: 872.3760

Regulation Name: Denture Relining, Repairing or Rebasing Resin

Regulatory Class: II Product Code: EBI

Dated: February 28, 2003 Received: March 3, 2003

Dear Mr. Manelli:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal</u> Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4613. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Susan Runner, DDS, MA

Interim Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

Center for Devices and Radiological Health

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510(k) Number (if known):	K0306	63	
Device Name: Tokuya	ma SOFRELINER T	OUGH	
Indications For Use:			
For use as a denture reliner			
(Please Do Not Write Be	low This Line - Cor	ntinue On Another	Page If Needed)
Concurrence of	of CDRH, Office of	Device evaluation	(ODE)
	,	- viise evaluation	,
Prescription Use(Per 21 CFR 801.109)	_ OR	Over-The-Count	er Use
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	(Division Sign-Off)	ν	,
(Division Sign-On) Division of Anesthesiology, General Hospital, Infection Control, Dental Devices			